

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1800 DAYTON AVENUE
AMES, IOWA 50010
(515) 663-7212

SPECIMEN SUBMISSION

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20).

PAGE

OF

1. NAME OF SUBMITTER**2. NAME OF OWNER****MAILING ADDRESS** (Street, City, State, and Zip Code)**CITY****STATE****3. LOCATION OF ANIMALS****COUNTY****STATE****Phone No.****FAX No.****4. PAYMENT METHOD** ("X" applicable item and provide information)☐ **USER FEE ACCOUNT NO.:** _____☐ **MC/VISA NO.:** _____☐ **CHECK/MONEY ORDER ENCLOSED** (Made payable to "USDA" in U.S. Dollars)**EXP.
DATE:****5. HERD/FLOCK SIZE****8. EXAMINATIONS REQUESTED****9. COLLECTED BY****6. NO. IN HERD/FLOCK AFFECTED****10. DATE COLLECTED****7. NO. IN HERD/FLOCK DEAD****11. AUTHORIZED BY****12. PURPOSE OF SUBMISSION** ("X" one) (See instructions for definitions)

☐ General Diagnostic ☐ Surveillance ☐ Import ☐ Interstate
☐ FAD/EP Diagnostic ☐ Developmental Research ☐ Export Movement
☐ NVSL Intralab Diagnostic ☐ Reagent Evaluation ☐ TB

13. COUNTRY OF ORIGIN/DESTINATION**14. REFERRAL NUMBER****15. PRESERVATION** ("X" applicable item(s))

☐ None ☐ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (specify)

16. SPECIMENS SUBMITTED ("X" applicable item(s))

☐ Blood ☐ Feces ☐ Parasite ☐ Serum ☐ Tissue ☐ Whole Bird ☐ Other (specify)
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ Urine ☐ Fetus
☐ Extract ☐ Milk ☐ Semen ☐ Swab ☐ Water

**17. TOTAL NUMBER OF
SPECIMENS SUBMITTED****18. SPECIES OR SOURCE** ("X" one)

☐ Cattle ☐ Goat ☐ Environment ☐ Chicken ☐ Bison ☐ Deer ☐ Other (specify)
☐ Swine ☐ Horse ☐ Reagent ☐ Turkey ☐ Dog ☐ Elk
☐ Sheep ☐ Donkey ☐ Pet Bird ☐ Cat ☐ Fish

**19. NUMBER OF ANIMALS
SAMPLED****20. IDENTIFICATION** (See instructions)**IDENTIFICATION** (See instructions)

Sample ID	Animal ID/Breed	Age	Sex	Sample ID	Animal ID/Breed	Age	Sex

21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary.)**22. SIGNATURE OF SUBMITTER AND DATE****NVSL USE ONLY****CONDITION****PRIORITY****DISTRIBUTION****RECEIVED BY****NVSL ACCESSION NO**